

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner  
1000 Commonwealth Avenue  
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063  
TDD/TTY 617-796-1089



**Public Health**  
Prevent. Promote. Protect.

March, 2015

### CAMP LICENSING INFORMATION AND APPLICATION

Dear Newton Camp Operator:

Welcome to the 2015 camp season. As you prepare for camp, we urge you to check the Massachusetts Department of Public Health's website on camp licensure (<http://www.mass.gov/dph/dcs>) click on the Recreational Camps for Children Link). This site has a wealth of information to assist you in meeting the regulations. We strongly recommend that you copy the inspection report found on this web page. It is the form that we use in our inspections and can serve as a tool to ensure you have in place all the needed forms, plans, staffing, etc.

Camp inspections must be accomplished in an efficient manner therefore we require full compliance with the regulations in order for you to open your camp. You **must** have the following documents and approvals in place prior to camp opening:

- ✓ Certificate of Inspection specifically for your camp, even if it is in a facility that is inspected other purposes (Inspectional Services Department at 617-796-1060)
- ✓ Fire Department Inspection Certificate for your camp (Fire Prevention at 617-796-2230)
  - \*This requires a separate \$100 fee payable to the City of Newton at the time the application is submitted. This fee is *in addition* to the standard \$50 licensing fee made payable to the City of Newton at the time of application. You will need 2 separate payments for these fees. **Do not** combine the payments.
- ✓ Food Service Permit (if applicable) from the Newton Health and Human Services Department
- ✓ Pool Permit (if applicable) from the Newton Health and Human Services Department
- ✓ Affidavit of Worker's Compensation Insurance- please complete the attached Worker's Compensation Affidavit and return it with your application, as well as a copy of your Worker's Compensation policy if applicable. If you have questions about this form, please call the Massachusetts Dept. of Industrial Accidents at 617-727-4900 ext. 7406

All the necessary documents, plans, medical records, etc. must be in place for inspection and licensing of your camp. New camp operators are required to meet with us before the camp starts to ensure that the camp will be in compliance **BEFORE** the first day.

You will receive a call or email from our department to schedule an on-site camp inspection prior to the opening date or during the first few days of camp.

Sincerely,

A handwritten signature in cursive script that reads "Linda Walsh".

Linda Walsh, Interim Commissioner

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner  
1000 Commonwealth Avenue  
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063  
TDD/TTY 617-796-1089



**Public Health**  
Prevent. Promote. Protect.

### APPLICATION FOR LICENSE TO OPERATE A SUMMER RECREATION CAMP

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City & State Zip Code

Owner: \_\_\_\_\_

Off Season Address: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City & State Zip Code

Director: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Camp: Day \_\_\_\_\_ Hours \_\_\_\_\_ Overnight \_\_\_\_\_ Other: \_\_\_\_\_

Maximum Number of Campers: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Date Camp Opens: \_\_\_\_\_ Date Camp Closes: \_\_\_\_\_

Date Camp Opens: \_\_\_\_\_ Date Camp Closes: \_\_\_\_\_ (if 2<sup>nd</sup> session)

Source of Water/Sewage Supply: \_\_\_\_\_ Method of Garbage Disposal: \_\_\_\_\_

Pursuant to M.G.L. Chapter 62C, Sec. 47A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all states taxes required under law.

\_\_\_\_\_  
Social Security # or Federal I.D. #

\_\_\_\_\_  
Signature of Individual or Corporate Name

**PLEASE SUBMIT APPLICATION AND FEE OF FIFTY DOLLARS (\$50.00) PAYABLE TO THE CITY OF NEWTON TO THE ABOVE ADDRESS BY JUNE 1. APPLICATIONS RECEIVED AFTER JUNE 1 WILL BE SUBJECT TO A \$25.00 LATE FEE.**

**PLEASE SUBMIT SEPARATE FIRE INSPECTION FEE OF ONE HUNDRED DOLLARS (\$100) PAYABLE TO THE CITY OF NEWTON WITH THE APPLICATION AND LICENSING FEE BY JUNE 1.**



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

[www.mass.gov/dia](http://www.mass.gov/dia)

Workers' Compensation Insurance Affidavit: General Businesses.  
TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_